U.S. Department of Justice
National Institute of Corrections

Large Jail Network Bulletin

Annual Issue 1994

LARGE JAIL NETWORK

BULLETIN

Annual Issue 1994

Contents

The ***Large Jail Network Bulletin*** is prepared by staff of LIS, Inc., for the U.S. Department of Justice, National Institute of Corrections. The purpose-of the ***Bulletin*** is to provide a forum for the discussion of issues and ideas. The contents of the articles and the points of view expressed are those of the authors and do not necessarily reflect the official views or policies of the National Institute of Corrections. Questions or comments should be referred to the NIC Information Center, 1860 Industrial Circle, Suite A, Longmont, Colorado, 80501; (800) 877-1461.

Foreword

The purpose of the *Large Jail Network Bulletin* is to provide a forum for the exchange of ideas and technological innovations among administrators of large jail systems. In some instances these ideas can be easily transferred from one jurisdiction to another; in other words, they serve as a stimulus for the development of a slightly different approach to a similar problem or opportunity.

Since the purpose of the *Bulletin* is to provide a forum for the discussion of issues and ideas, the contents of the articles and the points of view expressed are those of the authors and do not necessarily reflect my position or the position of the National Institute of Corrections. However, the quality and relevance of *the Bulletin* continue to depend on the willingness of member agencies to share information on innovative programs and concepts.

The *Large Jail Network Bulletin* and Network meetings are designed to reinforce for the field the Institute's belief that large jail systems collectively possess the expertise and experience to adequately meet any challenge that a single jurisdiction might face. Goals of the Network meetings will continue to be as follows:

1. To develop issues facing large jail systems from the perspective of those responsible for administering those systems;
2. To discuss strategies and resources that are essential for dealing successfully with these issues;
3. To discuss potential methods by which NIC can facilitate the development of programs or the transfer of existing technology; and
4. To develop and enhance the lines of communication among the administrators of large jail systems.

The success of both the *Bulletin* and the Network will continue to depend on the interest and involvement of the large jail systems' administrators. I look forward to meeting with you at the upcoming Network meeting in Longmont, Colorado, where we will be discussing the influence of gangs on the administration, operation, and safety of our jails. Thank you for continuing to make the *Bulletin* and Network an effective information exchange.

Richard Geaither
Correctional Program Specialist
NIC Jails Division
Longmont, Colorado

Meeting the Challenge of Housing Juveniles in Adult Facilities

by Captain Frank Henn, Commander, Detention Division, Arapahoe County Sheriff's Office, Littleton, Colorado

If you had asked me a year ago how the Arapahoe County Sheriff's Office (ACSO) handles juveniles, I would have responded that we operate ***an adult*** detention facility. But the 1993 "summer of violence" in the Denver metropolitan area changed that, and in 1994 Arapahoe County was housing two categories of juvenile offenders:

- Juveniles accepted under a contract with the Colorado Division of Youth Services; and
- Juveniles remanded to the custody of the sheriff after being bound over as adults.

A year ago we hid four juveniles among an average daily population of 750. In mid-1994 we had eighty-seven juveniles, housed with appropriate sight/sound separation and involved in programs.

One year ago we hid four juveniles among an ADP of 750. In mid-1994 we had eighty-seven juveniles, housed with appropriate sight/sound separation and involved in programs.

Although our approach may be unique, what has happened in Arapahoe County is occurring elsewhere daily. More adult facilities will become co-located facilities with responsibilities for both adult and juvenile supervision. We hope that our experience offers some useful guidance.

Accepting State's Juvenile Inmates

As a result of increasing levels of juvenile violence in Colorado, the governor last year called for a special legislative session, which produced gun control laws specifically aimed at juveniles. Approximately ninety additional juveniles were expected to enter the Colorado Division of Youth Services (DYS) system within the first two weeks after the legislation was implemented.

At that point, DYS facilities were already 150 to 300 percent over their capacity. The legislation provided funds for new construction, but it would be at least eighteen months before additional beds were available. Arapahoe County Sheriff Patrick J. Sullivan, Jr., responded to the immediate need for bedspace by offering sixty-four beds to house DYS-sentenced juveniles.

Agreeing to accept DYS juveniles required more than signing a contract with the agency. The federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) had to be satisfied with provisions for sight/sound separation and programming. Numerous meetings took place among officials from ACSO, DYS, the Colorado Division of Criminal Justice, and members of the governor's staff. Policies and procedures were developed to identify the role and contributions of each group.

The role of the Arapahoe County Sheriff's Office. At the Arapahoe County Justice Center Detention Facility (JCDF) in Englewood, two podular units of thirty-two beds each were designated to house the DYS juveniles. ACSO provided a direct supervision deputy in each of two these modules, twenty-four hours a day. As OJJDP guidelines specify that deputies assigned to work with juveniles cannot work in adult custody assignments, these deputies were volunteers. The deputies on these units worked a ten-hour shift; "power shifting" was used to enable extra deputies to be present when DYS juveniles are transported and processed. A DYS contractor handled the transportation of

juveniles from three DYS-identified facilities.

Although DYS allows juveniles to remain in their personal clothing, our view was that this promotes gang affiliation. Therefore, we used the same color coding that identifies various adult classifications. This meant that a bright yellow with "JUV" stenciled across the back provided a "gang identity" only of ACSO.

ACSO deputies held the DYS juveniles accountable through daily, frequent inspections that had real consequences. The use of true direct supervision techniques, along with the presence of DYS staff and Cherry Creek teachers, avoided the need to separate DYS juveniles into many small groups. Although we held juveniles from four different counties who had a variety of gang affiliations, our management techniques reduced gang-related incidents to a minimum.

DYS contributions. DYS provided an on-site counselor from 7:00 a.m. to 11:OO p.m. daily-the non-lockdown hours. The counselor responded to needs for counseling, coordinated programs, and provided a liaison between DYS and ACSO. In addition, programs originated from DYS, which meant that the program staff was completely separate from the ACSO staff responsible for adult programs. All programs for DYS juveniles took place in the module dayroom.

Contributions of Cherry Creek Schools. Colorado's Cherry Creek school district has a reputation as one of the most progressive systems in the state. Because there had never been a juvenile detention facility in the county, working with ACSO was a new experience for Cherry Creek. Jim Tracey, a retired high school principal, accepted the challenge and assembled a staff of retired teachers, supplemented by classroom aides. Each day a team of two teachers and one aide conducted classes in both modules. A supervisor administered the project, for a total commitment of seven FTEs by Cherry Creek.

Classes were conducted from 8:00 a.m. to 4:00 p.m., Monday through Friday. During the school day, each module was divided into two teaching groups. Half of the students participated in actual classroom activities, while the other half had structured P.E. classes or scheduled study/project time in their individual cells.

Sight/Sound Accommodations

To make it possible to operate a co-located facility, the planning agencies had to develop policies that assured sight/sound separation of adult and juvenile detainees. OJJDP conducts a monthly visual inspection and an audit that reviews the month's activities.

ACSO modifications to its procedures and physical plant took place in several areas.

- **Intake.** All movement of DYS juveniles to and from JCDF occurred at 8:30 p.m. Juveniles were brought in through the kitchen loading dock because it is vacant at that hour; all evening adult activity takes place in the booking area and inside the modules. Radio alerts were used when necessary to ensure that any limited adult movement was halted while DYS juveniles were escorted through the hallways to the pod processing area.

  Booking. Thanks to the imagination of deputies, we were able to create an intake/processing area for juveniles in the pod storage room. The room was cleared of unnecessary items, security screens were added, and the room was divided into waiting, processing, and property storage areas. The addition of a four-shot polaroid, 35mm camera, fingerprint equipment, and a computer turned the storeroom into a complete booking area for juveniles.

- **Module windows.** The physical plant of the JCDF facility is modem: security glass has replaced bars and provides great sight capabilities. However, it was necessary to counter this to prevent inmates from seeing from one module to another. We therefore applied one-way film to the

security glass. Because OJJDP guidelines generally prohibit juveniles from seeing a deputy who works with adult inmates, the film was also applied to the pod control room, which is staffed by a deputy assigned to adult custody.

- **Sallyport windows.** Window shades were fastened to each module's sallyport door. This prevented juveniles who were moving through the pod sallyport from looking into an adult module, or vice versa. A giant sheet of black plastic hung in the pod sallyport to separate the doors to the juvenile and the adult modules. This separation enables staff to move in and out of the juvenile area. It also prevents juveniles from looking out into the sallyport or adults from looking into the juvenile modules.

- **Exercise.** The juvenile modules are located adjacent to the outside exercise yard. A "fire door" provides direct access to the yard, so there is no need to use the pod sallyport.

- **Support activities.** Most supporting activities, such as medical care and professional visits, took place inside the juvenile module. Portable walls placed immediately inside the sallyport/module door provided a clinical setting while also making it difficult to see out of the module into the sallyport.

Of course, some activities are best accommodated in the areas of the facility specifically designed for them; visits are an example. Visiting times for adults and juveniles have been coordinated to allow for sight and sound separation.

Although we held juveniles from four counties who had a variety of gang affiliations, our management techniques reduced gang-related incidents to a minimum.

Managing the Bound-Over Juvenile Population

ACSO also has faced the challenge of housing juveniles remanded to the custody of the sheriff after being bound over as adults. Ten years ago it was unusual to have a bound-over (BO) juvenile in the facility; the occasional BO juvenile was hidden in a single segregation cell and given no programming.

As recently as several years ago, Arapahoe County began to have a couple of BO juveniles in custody at one time. During that period, we used a niche in the infirmary to maintain sight/sound separation and initiated limited programs.

As gang violence has grown to alarming proportions in recent years, it has become necessary for us to identify an entire housing module for BO juveniles and to offer programs equivalent to those provided for the adult population. Sight/sound separation in the housing modules has been achieved through the same techniques as those developed for DYS juveniles.

Bedspace efficiencies. The current inmate population in Arapahoe County is nearly 1,000. The JCDF is podular in design, with four identical pods providing a total of twenty-four modules, each providing sixteen cells. The JCDF opened in February 1989 with 384 single cells, which we are now double bunking for a total of 752 beds, or thirty-two beds per module. The county's second facility has 127 minimum-security beds available. Triple bunking is now in effect in many modules while we pursue housing alternatives.

When our population of BO juveniles exceeded the housing capabilities of the JCDF infirmary, six juveniles were moved to occupy a thirty-two bed unit. It seemed obvious that other Colorado jails were wasting similar bedspace by housing BO juveniles. Through Colorado Jail Association contacts, Arapahoe County arranged to trade inmates. For example, Arapahoe County took the BO juveniles from Adams and Jefferson Counties, and they took females from Arapahoe County. The result has been more effective bed allocation for all three counties.

Creating control. The two cooperating counties were pleased to give us their juveniles even though it meant providing them transportation to court. We have all experienced that BO juveniles are the most difficult inmates to manage because they have no values and no respect for authority. Their gang affiliations create the need for separating groups that would assault each other if they were housed together. The current twenty-six BO juveniles in our facility have been divided into live groups that must always be kept separate.

Within one month of establishing the juvenile module, ACSO found it necessary to take special measures to establish control. A number of deputies volunteered in response to the challenge. The Disturbance Control Unit moved all BO juveniles from their cells and placed them in a holding area. During this process, all clothing was removed, searches were conducted, and new clothing was issued. Staff meanwhile conducted thorough searches of the cells and dayrooms. A work crew then completed a total clean-up of the area that included new paint, which provided the groundwork for establishing control.

Current standards of behavior are stringent. Before any juvenile is released from his cell for any reason, an inspection occurs. If staff find graffiti, damage, or insufficient cleanliness, the juvenile remains in his cell until the deficiency is corrected. The Disturbance Control Unit continues frequent, unannounced searches of the juveniles, their cells, and the module.

Direct supervision management skills have proven essential. Without constant intervention, BO juveniles will completely trash a housing unit. Gang graffiti, destroyed property, weapons, and threats are rampant if these juveniles are left uncontrolled. Direct supervision alone can control many of these seeming incorrigibles, and we provide clear consequences for those who fail to respond.

Inmate behavior. Because of the frequency of assaults and juveniles' lack of respect for staff, we had to initiate a total lockdown early on. Initially, one room at a time was let out for an hour. Deputies identified those who began to cooperate and those who could not get along with each other. Eventually, a group of seven juveniles earned dayroom time and outdoor recreation of several hours a day. Other, smaller groups have earned lesser amounts of dayroom and yard time. A few juveniles still cannot not leave their cells without handcuffs and shackles.

Deputies recommend BO juveniles for participation in programs based on their level of cooperation. Education is the major program activity, and Arapahoe County has an extensive computer-based program. Requirements for sight/sound separation for BO juveniles apply specifically to the housing units alone. For programs that provide continuous supervision, juveniles can be included with adult participants.

Deputies recommend bound-over juveniles for participation in programs based on their level of cooperation.

Whether we want it to happen or not, juvenile populations in adult custody environments will continue to increase. Agencies that are building a new facility should plan for this possibility. If you are limited to an existing physical plant, the major limitation is your own creativity. We hope that our experience provides some guidance as you face the juvenile challenge.

For further information, contact Captain Frank W. Henn or contributing Deputies Marian Goff, Ron Thallas, Joseph Minkewitz, or Rich Boylan, Arapahoe County Sheriff's Office, 5685 South Court Place, Littleton, Colorado, 80120; (303) 795-4701.

The contract between Arapahoe County and the Colorado Division of Youth Services to house DYS juveniles was terminated in October 1994 because bedspace was no longer available. The collaborative program had been in operation for slightly more than one year. -ed. ■

The Juvenile Assessment Center: Florida's Model for Dealing with Juvenile Offenders

by Colonel David M. Parrish, Hillsborough County Sheriff's Office, Tampa, Florida

Hillsborough County, Florida's Juvenile Assessment Center (JAC) is becoming a model for those looking for an answer to the fragmented and inefficient juvenile justice system that exists in most jurisdictions. The JAC is a twenty-four-hour, centralized receiving, processing, and intervention facility for adolescents taken into custody by law enforcement officers.

The JAC improves community response to problem juveniles in two ways:

- It offers a one-stop location for the police and sheriff's deputies to bring youngsters in trouble.
- It provides a systematic way to assess the problems of each juvenile who is brought into the center and to provide access to needed services.

The JAC is strictly a processing facility; it has no housing capacity. Any juvenile arrested in Hillsborough County on a misdemeanor or felony is taken to this central point. Information on juvenile arrestees is gathered and retained, beginning with the first time the juvenile comes in contact with the law.

Before the assessment center opened, police officers who arrested a juvenile sometimes had to drive around for hours looking for an agency or family member willing to take custody of the juvenile because he or she was too young for the adult jail. In addition, records on a given child were scattered among various agencies. This meant, for example, that though law enforcement officers might know that a juvenile had been arrested before, they would not know about school behavior problems, learning disabilities, or records of abuse complaints in the juvenile's home.

A Cooperative Project

The JAC is an unusual collaborative effort, bringing together under one roof a number of agencies that provide assessment, social services access, and centralized case information on juveniles who come into the system. Four agencies contribute to the process:

- **Agency for Community Treatment Services (ACTS).** ACTS, a non-profit drug treatment program, is the "landlord" of the JAC and coordinates the work of the other agencies. ACTS staff complete an assessment of each juvenile brought into the JAC in cooperation with the county health services agency (see below). Another ACTS program, the Adolescent Receiving Facility, is on the first floor of the building. This twenty-four hour, twenty-bed substance abuse receiving facility for adolescents provides emergency detoxification, stabilization, and short-term residential treatment. Youth arriving at the JAC intoxicated can be referred to this program.
- **Hillsborough County Health and Rehabilitative Services (HRS).** County HRS staff receive and review all documents from the law enforcement agency and conduct an initial record check on incoming juveniles. Once a young person is accepted at JAC and has been assessed through screening tests, HRS staff review all records from other agencies to determine if the youth will be detained at the juvenile detention center or released to the custody of a family member or to another program.
- **Hillsborough County Sheriff's Office.** The sheriff's office has assigned ten detention deputies to the JAC, where they staff two

positions, one male and one female, twenty-four hours a day. The Tampa Police Department and the sheriff's office have also located a truancy program on the non-secure side of the facility.

- **Hillsborough County Public Schools.** The local school system provides a full-time school psychologist and a school social worker on-site at the JAC. These professionals coordinate services and re-entry into school for youth who have committed felonies or misdemeanors or who have been detained by law enforcement for unauthorized school absences.

Facility Features

The JAC is located in north-central Tampa in a residential neighborhood. It was therefore important to build in basic security measures such as a covered sallyport to ensure the safe delivery of arrestees. The facility uses the open booking approach also employed in the county's new, 1,700-bed direct supervision jail. Booking is conducted in a large open area with seats and tables similar to a bus station or airport waiting area; four glass-faced holding cells are at one end.

The Importance of Data and Assessment

More than just a booking facility, the JAC serves as the source of data that are being compiled to justify assigning resources to address the juvenile crime problem. With the help of a custom computer system, all agencies that work with a single juvenile share their data. This approach allows counselors to assemble the most comprehensive history ever available for youth in the county justice system.

ACTS' assessments use standardized instruments designed to identify areas that are a problem for each juvenile brought into the center. A comprehensive screening is conducted to detect such problems as drug abuse, mental illness, and other emotional problems. Based on the results of screening and assessment, the youth and his/her family are referred to a case manager, who meets with the family and directs them to appropriate services-most of which are located in the same building. The case manager then provides follow-up to ensure that the youth keeps appointments and actually receives needed services.

SHOCAP Program for Habitual Offenders

Intended, in part, to help connect juveniles with social services before repeated offenses land them in prison, the JAC also has a program for dealing with serious, habitual juvenile offenders. SHOCAP (Serious Offender Comprehensive Action Program) is designed to identify habitual juvenile criminals, bring together all available information about them, and help judges and other authorities determine the best way to put an end to budding criminal careers.

Profile of Juvenile Offenders

The county anticipates that 10,000 juveniles will pass through the JAC every year. Statistics on those processed during the first year of operation revealed the following:

- More than 50 percent were repeat clients of the JAC.
- 3 percent were associated with gangs.
- 86 percent were male.
- 55 percent were black, 45 percent white, and 13 percent Hispanic.
- 74 percent were enrolled in school.
- Only 12 percent lived with both biological parents, while 43 percent lived with just their mothers.

JAC as a Statewide Model

Hillsborough County's Juvenile Assessment Center represents an outstanding example of collaboration among government and private agencies toward a common goal. Law enforcement officers no longer serve as high-priced babysitters for juvenile offenders, and case workers are better able to connect troubled juveniles with the social services they need. The program's success can be seen partly by the fact that in 1993 the Florida legislature appropriated $1,212,000 for two additional centers to be modelled after the Hillsborough County JAC.

For additional information, contact Colonel David Parrish, Hillsborough County Sheriff's Office, P.O. Box 3371, Tampa, Florida, 33601; (813) 247-8310. ■

Work Release Program Provides Support for Community Re-Entry

by Linda Navetta, Manager, Work Release Center, St. Louis County Department of Justice Services, Clayton, Missouri

The St. Louis County Work Release Center was opened on June 30, 1975, on the third floor of the county's Old Courthouse Building. The Center is one of five divisions of the St. Louis County Department of Justice Services and currently houses 142 males and twenty-two females. The facility includes five dormitories and two large, multi-purpose rooms used for programming.

Work release participants are referred from several sources:

- Offenders who are sentenced to county jail and have full-time jobs or are involved in full-time education may be sentenced directly to the work release program.
- Offenders from the Adult Correctional Institution/Annex may be referred to the center alter they complete programs needed to make them eligible for work release.
- Offenders from the federal system are housed under a contract with the U.S. Bureau of Prisons.

The Work Release Center's program is innovative. Its primary objective is to help each resident establish a realistic employment or vocational goal and work toward achieving it. The program emphasizes the need for residents to learn the skills needed to achieve their goals, and it is structured to reward positive, self-sufficient behavior.

By providing programs and support that foster individual responsibility, the Work Release Center prepares residents for successful community re-entry as tax-paying, law-abiding citizens rather than as economic and social liabilities,

Programs and Services

The Work Release Center's programs and services are geared toward equipping residents for success in the community. Residents are given the opportunity to seek jobs, continue any prior full-time employment, pursue educational or vocational training, and engage in alcohol, drug, and family counseling.

The treatment modalities used by the work release staff include behavior modification and reality therapy. The objective of these modalities is to teach the residents to look at the way they behave, to earn rewards, and to make plans to change negative behavior.

Employment. Each year, the more than 600 participants in Work Release reimburse the county for the cost of their incarceration by paying room and board. The money collected for room and board is placed in the St. Louis County General Revenue Fund. Participants also pay federal, state, and Social Security taxes from their employment, and are encouraged to save money and fulfill their personal obligations. In 1992, the Work Release Center collected $144,000 in rent, and residents volunteered 60,000 hours of work in the community.

Treatment modalities used by the work release staff include behavior modification and reality therapy.

For residents who lack a job when entering the center, an important aspect of the program is its requirement that residents secure their own jobs with only limited assistance from the staff. A resident who gains a job under these circumstances experiences a feeling of accomplishment in demonstrating responsible behavior.

Educational development. The Work Release Center supplements institutional education and training with community resources.

- General education classes-G.E.D. classes are required for all residents who do not have a high school diploma or a G.E.D. certificate. Classes arc held at the Center and are taught by teachers from the local school district.

- Principles of the Alphabet Literacy System (P.A.L.S.) program - This interactive instruction program combines advanced technology with effective teaching materials. The P.A.L.S. system is designed to teach adolescent and adult functional illiterates to write, read, and touch-type. It teaches non-readers to read by teaching them to write. By the end of the program, participants should be able to spell phonetically most English words they can say. The P.A.L.S. system can awaken a resident's desire to read and write; it can also improve participants' self-esteem by giving a feeling of greater control over their lives and by training them to use computers.

Alcohol- and drug-related services. Residents are randomly testing for alcohol and drug use. Violations are considered serious and may result in immediate suspension of offenders' privileges. Residents whose work release privileges have been revoked remain at the Center on housed status until they complete their suspensions.

Residents with drug use violations may also be suspended from the center and transferred to our medium security facility for at least thirty days. Return is not automatic; the sentencing judge is notified of the suspension and may revoke the offender's Work Release privilege. Referrals to in-patient treatment facilities and out-patient counseling may be required before the offender may return to the Center.

Several substance abuse treatment and counseling programs are available:

- Alcoholics Anonymous-All residents with an alcohol-related offense are required to attend weekly meetings.

- Drug/alcohol class-A four-session drug/alcohol education class is mandatory for each resident. The class provides information on chemical dependency and the physical and psychological effects of substance abuse.

- Recovery Group and Adult Children of Alcoholics-These groups assist residents in dealing with the recovery process after out-patient counseling. The ACOA group focuses on residents' family alcohol history and its effect on them as adults. Both groups are conducted in-house and facilitated by a department social worker.

- Substance abuse referrals-Individuals may also be referred to community groups such as Metroplex and Narcotics Anonymous.

Other programs. A variety of additional programs assist residents with specific needs:

- Psychological services-Evaluation and counseling are available at the Center, and referrals also are made to community agencies.

- Credit counseling-A monthly seminar on budgeting is presented.

- Cage your Rage-This anger management video developed by the American Correctional Association helps offenders recognize their angry feelings, learn the causes of those feelings, and deal with them in a responsible way.

- Breaking Barriers-Created by ex-offender Gordon Graham, this program deals with the realities of returning to society after doing time.

- Nutrition-This two-session class focuses on developing healthy eating habits.

- Bringing Up Father-This program helps young, disadvantaged fathers form families and care for their children. Participants are considered fathers first, providers second. Emphasis is placed on the importance of a child's social well-being.

- Parenting-This class exposes male and female residents lo good parenting skills. Sessions focus on discipline, communication, and decision-making.

- Bible study-Religious study classes are offered weekly and staffed by volunteers from the religious community.

Work Release's Success

The work release program has been highly beneficial both to participants and the community:

- It helps residents with private-sector employment to continue to be tax-paying members of society.

- Because residents reimburse the county for their room and board, the work release program helps St. Louis County recover some costs of incarceration.

- Private-sector employment is complemented and supported by educational programming, vocational counseling, alcohol/drug counseling, referrals to appropriate community agencies, and other programming designed to meet the needs of each resident.

- Finally, Work Release residents have the opportunity to obtain jobs and attend school before being released into the community.

We believe the success of the program can be attributed to the emphasis we place on individual responsibility.

Over the last three years, Work Release has achieved unprecedented success in terms of residents completing the program with full-time private sector employment or full-time participation in an academic or vocational school. In 1992, 85 percent of the population completed the Work Release Program with full-time activity.

We are proud of St. Louis County's Work Release Program, not only because of its success rate, but also because residents leave with all the tools necessary to make a positive contribution to the community. The choice is entirely up to them.

For further information, contact Linda Navetta, Manager, St. Louis County Work Release Center, 7900 Forsyth, St. Louis, Missouri, 63105; (314) 889-2369. ■

We believe the success of the Work Release Center Program can be attributed to the emphasis we place on individual responsibility.

A New Paradigm for Correctional Medicine: The Link to Community Health

by Thomas J. Conklin, M.D., Assistant Superintendent for Health Services, Hampden County Sheriff's Department and Correctional Center, Ludlow, Massachusetts

The Hampden County Correctional Center, a 1,500-bed "new generation" jail located in Springfield, Massachusetts, opened in October 1992, replacing the 105 year-old York Street facility. In cooperation with the state Department of Public Health and the city of Springfield's three neighborhood community health centers, the correctional center has developed a unique, community-based health care delivery system. Hampden County's approach responds to the need for a new paradigm in correctional medicine.

At the heart of the system is a commitment to continuity of care for offenders:

- Because more than 90 percent of inmates are from the greater Springfield area, most inmates who are referred to the correctional center's medical clinic can be sorted by neighborhood and assigned to the appropriate community health center-linked medical team for care.

- As inmates approach discharge from the facility, community health center case managers develop individual discharge plans for each patient.

Program Description

On the living units, registered nurses are assigned to the same units each day to provide triage. Nurses see patients and treat minor illnesses or complaints. Inmates with more serious health problems are referred to the facility medical clinic.

The medical clinic operates every day from 8:00 a.m. to 3:00 p.m. Care is provided by three health teams, each composed of a part-time physician, a full-time nurse practitioner, a registered nurse with a background in treating infectious diseases, and a half-time case manager. Each team is linked with one of Springfield's three community health centers.

Correctional center clinic physicians and case managers are provided by contract with Springfield's three community health centers.

Inmates referred to the facility medical clinic are assigned to a team on the basis of their home zip code and are seen by the team from the health center nearest their home. Each inmate therefore receives medical care from a team headed by a physician from his or her own neighborhood. Inmates who need emergency room or hospital care are treated by the same physician, who is also on the staff at the hospital associated with that particular health center.

Correctional center clinic physicians and case managers are provided by contract with the community health centers. Physicians and case managers are full-time employees of local health centers; they are "rented" to the correctional facility for a specified number of hours each week.

Case management and discharge planning. The program places a strong emphasis on discharge planning and case management; the case managers on each health team also work half time at one of the three local health centers. The key to the discharge planning process is to identify inmates who have problems in daily living and/or medical or mental health problems and who are scheduled to leave the facility within the next two to three months.

Shaping Principles

Several core principles helped shape the Hampden County health care program:

- **Inmates are a part of the community in which they live.** Jail inmates were members of the community before incarceration; they are displaced members of the community while they are in jail or prison; and they will return to the community after they are released.
- **The correctional facility is a "reservoir of illness," which provides an opportunity for early detection, treatment, and education to a population that tends to avoid the health care system.** Approximately 70 percent of our prisoner population have never been involved in the community health care system, even though they are eligible. Treating these people affects not only the health of individuals but that of the public because it lowers the incidence and prevalence of infectious and communicable diseases.
- **We must return offenders to the community properly educated so that they can remain free of disease and prevent others from being infected by communicable diseases.** There is a real opportunity—some would say an obligation—to educate inmates about their illnesses, thereby decreasing the transmission rate of illness in the community. To treat a patient with HIV or a sexually transmitted disease is not enough: that patient must also be counseled on how to prevent spreading the illness to others.
- **Health care is an essential component of rehabilitation.** Hampden County Sheriff Michael J. Ashe describes our health care program as one of three legs of the rehabilitation stool, the other two being education/vocational training and readiness. Offenders with good attitudes about their health will view themselves more positively and be less inclined to engage in unwholesome and unwelcome behaviors when they return to the community.

Discharge planning starts in the facility and follows the inmate into the community. Case managers know exactly what services are available within their catchment area and are able to refer inmates to one of the twenty-six community agencies with which the facility has a working relationship.

The discharge planning case management system encourages offenders to seek services from appropriate agencies as soon as they are released. Areas that commonly need to be addressed in the community include:

- Transitional housing;
- Vocational training or placement;
- Continuing education;
- Alcohol and/or drug treatment;
- Mental health care;
- Medical and/or dental care;
- Family problems, including the need to be reconnected with children;
- Discharge support groups; and
- Arrangements for Social Security payments, Medicaid, and other financial assistance.

The correctional facility also authorizes the immediate transfer of treatment records, which is very helpful to treating agencies.

The Hampden County Correctional Center also provides three ancillary programs for minimum-risk inmates preparing to return to the community. These include a pre-release program, a day reporting program, and the Western Massachusetts Correctional Alcohol Center. Authorized inmates may receive a day pass to go into the community for specific purposes, such as housing or vocational pursuits. By permitting inmates to visit their local health centers prior to being discharged, the day pass system helps overcome

inmates' resistance to seeking treatment and ensures their introduction into the health care system at the community level.

Community Health Benefits

Hampden County's community-linked treatment model offers a number of advantages from a community health perspective.

Inmates receive comprehensive, ongoing health care. This approach replaces what is in many jails a "shotgun" style of health care with irregular follow-up and no discharge planning. Health care often is not seen as affecting public health but rather as an emergency service designed to address acute situations. Treatment tends to be minimal, problem-focused, and often inadequate. In the long run, this type of care simply dumps inmates with illnesses back into the community. That approach eventually costs the taxpayer more than if the inmate had been properly treated at an earlier stage.

Inmates who receive ongoing care show a lower recidivism rate. A discharged prisoner who has transitional living arrangements, is participating in an alcohol and drug program, and has regular health appointments is much less likely to be involved in criminal behavior than an inmate who is discharged with no resources and no place to live. A study of 144 HIV-positive inmates discharged from the Hampden County Correctional Center from March 1993 through June 1, 1994, indicates that only twelve were returned to jail. This is a rate of 8.3 percent, well below our recidivism rate for all inmates, which exceeds 50 percent.

It is interesting to note that all twelve recidivists were returned to jail between two and five different times during the eighteen months in question; many returned four or five times for brief sentences. A further study of those twelve inmates indicated that they had fallen outside the discharge system-for whatever reason, they did not participate in the follow-up care arranged for them.

Another possible reason for lower recidivism among offenders who receive ongoing care is noted by Jackie Walker in the ***National Prison Project Journal.*** Walker writes that "In some cases prisoners with HIV/AIDS unable to find treatment and services on the outside recidivate in order to receive medical care. California Department of Corrections' statistics for 1992 show a recidivism rate of 70 percent for prisoners with HIV/AIDS compared to 52 percent for HIV-negative prisoners."

Early diagnosis and treatment are possible for communicable diseases that might otherwise go undetected or untreated in a highly mobile inmate population. As Drs. Jordan B. Glaser and Robert Greifinger have noted, "Approximately 1.2 million inmates in U.S. correctional institutions have a high prevalence of communicable disease, such as human immunodeficiency virus (HIV), tuberculosis, Hepatitis B viral infection, and gonorrhea as well as other sexually transmitted diseases. Before their incarceration most inmates had limited access to health care, which, together with poor compliance because of lifestyle, made it difficult to identify and treat them in the general community. Because of the high yearly turnover (approximately 800 percent and 50 percent in jails and prisons, respectively), the criminal justice system can play an important public health role during incarceration and in the immediate post-release period. Taking advantage of the period of confinement would serve both the individual and society by controlling communicable diseases in large urban communities." [2]

Services provided by the jail function as a real extension of the community health program. In Hampden County, for example, the Brightwood Health Center has estimated that approximately 15 percent of its adult male patients are housed in the county correctional center.

The program provides a training facility for students of nursing, medicine, public health, and nurse practice. The correctional facility provides an effective training site for these disciplines. At the same time, the presence of these students creates a learning environment, which is very healthy for the correctional center.

The treatment model integrates public, community health, and correctional health services. The Massachusetts Department of Public Health has become a full partner in our treatment programs by providing funding, clinical and program expertise, program development, and supervision. In addition, the agency is able to transfer programs that are successful in this facility to other correctional facilities around the state.

Our approach promotes community interaction. Opportunities for involvement are diverse. A buddy system is being developed for inmates who are HIV-positive. A consumer advisory panel is envisioned. An AIDS Advisory Committee has formed, with most members coming from the community. Ex-inmates are invited to return to the facility as role models for those seeking to make changes in lifestyle and behavioral patterns while they are incarcerated. Feedback from inmates for suggested improvements to the program has been quite substantial.

The treatment model makes it possible to address women's health issues specifically in a way that was heretofore impossible. A therapeutic community has been formed in the women's living area, and the triage nurse has become an integral part of that community.

Challenges to Program Implementation

Nothing is perfect, and this program is no exception:

- Although each local health center has embraced the concept, it has been difficult for them to make an immediate commitment to providing personnel. It has taken a year and a half since beginning the program to achieve the necessary physician staffing levels from each of the health centers.

- We have found that health center personnel need a period of time to adapt to a correctional environment. Issues such as security, transportation, environment, and distance from other treatment facilities all were difficult initially.

- It has also proven difficult to coordinate a community-wide system of outpatient care. There are three health centers In the greater Springfield area, and a fourth is in the process of development. We work with two separate hospitals and more than twenty-six different state, city, and private agencies. It is a formidable task to get twenty-six agencies to cooperate rather than compete with each other.

Despite these difficulties, Hampden County has been able to develop a community system of care because Sheriff Ashe enthusiastically endorses the concept. Sheriff Ashe has often said, "We are not a fortress in the woods but, rather, a community-integrated correctional center." We have also been fortunate to work with enthusiastic members of the community health system. Finally, the Massachusetts Public Health Department has been especially helpful and supportive.

Other correctional facilities interested in developing a similar program would need comparable resources and support. We have been fortunate. A confluence of positive factors have all come together at the right time, in the right environment, and with the right individuals involved.

For additional information, contact Dr. Thomas Conklin, Hampden County Sheriff's Department, 627 Randall Road, Ludlow, Massachusetts, 01056-1079; telephone (413) 547-8000, ext. 2344.

Notes

1. Jackie Walker, "Prisoners with HIV/AIDS Need Services After Discharge," *National Prison Project Journal* 9(2) (Spring 1994): 18.

2. Dr. Jordan B. Glaser and Dr. Robert Greifinger, "Correctional Health Care: A Public Health Opportunity," *CorrectCare* 7(2), (April/May 1993): 1. ■

NIC Update: Agencies Cooperate to Create Jail-Based Services for Mentally Ill Offenders

by Linda Wood, Correctional Program Specialist, NIC Jails Division, Longmont, Colorado

The de-institutionalization of state mental hospitals in the 1970s released thousands of former patients into the community. At about the same time, state psychiatric hospitals made their involuntary admission practices more restrictive. For the past twenty years, therefore, local communities have been forced to assume an increased portion of the burden of providing assistance in housing, education, job training, and mental health services to individuals who are mentally ill. Local jails, in turn, have also had to assume more responsibility for the mentally ill.

Individuals with mental illnesses, especially the homeless, frequently become involved with the criminal justice system. The average person in the criminal justice system who is suffering from mental illness is a white mate between the ages of eighteen and forty who is poorly educated and sporadically employed. These individuals often end up in jail, in prison, or under community supervision. Without diversion options or support from the mental health community, the local jail must process, identify, house, and supervise large numbers of persons with mental illnesses.

The NIC/CMHS initiative promotes the idea that mental health agencies and jails need to work together in partnership to address the needs of incarcerated individuals.

Scope of the Problem

There are more than ten million admissions to local jails each year. Current estimates are that 6 to 8 percent of those committed to jails are mentally ill. This means that between 600,000 and 800,000 persons with mental illnesses are booked into jails every year. Some of these individuals are subsequently sentenced to prison or released to community supervision.

Although corrections must meet the legitimate medical and mental health needs of all inmates, the field has neither the resources nor the mission to become the primary treatment facility for individuals with mental illnesses who have no resources.

Persons with mental illness who come into contact with the criminal justice system are a particularly vulnerable group. Their vulnerability stems, in part, from the stigma associated with being both mentally ill and criminal. Other factors also make it difficult for this population to obtain services:

- A lack of knowledge about mental illness on the part of law enforcement and corrections staff;
- A lack of knowledge about the criminal justice system on the part of mental health practitioners;
- A shortage of appropriate mental health services; and
- A lack of coordination among agencies to provide opportunities for case management, supervision, housing, mental health and substance abuse services, and job training.

The plight of these individuals is not a problem for just the criminal justice system, but also for the community as a whole. The criminal justice system and the mental health community must work together to address this issue.

Federal Agency Collaboration

Recognizing the need to provide leadership on the federal level, the NIC Advisory Board directed NIC to work with the Center for Mental Health Services (CMHS), an agency within the U.S. Department of Health and Human Services, to develop programs addressing this issue. NIC has entered into a memorandum of understanding with CMHS and has developed a technical assistance program for jurisdictions wishing to implement or enhance jail-based mental health services.

Policy Statement: Mental Health Services in Jails

The following is a policy statement adopted by the National Institute of Corrections Advisory Board on March 9, 1994.

The Advisory Board of the National Institute of Corrections recognizes that between 600,000 and 800,000 jail admissions each year are of mentally ill persons. They represent 6 to 8 percent of the 10 million annual jail admissions in the United States.

Dramatic increases in the jailing of mentally ill persons over the past two decades have resulted from: 1) deinstitutionalization of state mental hospitals; 2) more restrictive requirements for involuntary admission into state psychiatric hospitals; and 3) unprecedented growth in both the jail and prison populations generally.

The Advisory Board of the National Institute of Corrections is concerned that local jails are inappropriately becoming primary residential treatment facilities for indigent persons with mental illnesses. Thus, the Advisory Board recommends that communities observe the following four principles when devising strategies for developing mental health services for jails.

1. Mentally ill persons are the responsibility of the community, not the jail. Community mental health agencies, not jails, should have primary responsibility for treating individuals with mental illness.
2. Jails are and should remain correctional facilities.
3. Jails must provide professional, high quality services to meet the legitimate medical and mental health needs of all inmates, but it is inappropriate for them to become treatment facilities for the mentally ill.
4. Jail mental health services should be directed primarily towards identification, crisis intervention, and the development of community linkages to ensure continuing care upon release. ■

Project Activities

A range of activities, developed jointly by CMHS and NIC, have been designed to address mental health and corrections issues.

Jail Resource Centers. Jails in Lucas County (Toledo), Ohio, and Alexandria, Virginia, have been chosen to serve as Jail Resource Centers for mental health. The resource centers are not "model" programs, but they do have the essential components of an effective mental health program. These include intake screening, crisis intervention, suicide prevention, and discharge planning/case management. By participating in site visit technical assistance at the Jail Resource Centers, jurisdictional teams will be able to observe programs, talk to staff, and review policies and procedures.

Mental health workshops. NIC is conducting two workshops per year in conjunction with the Jail Resource Centers. The first were held in June and September 1994. The workshops have been designed to promote the provision of mental health services in jails through a systems perspective. Jurisdictions participating in the

workshops send a team, to include representatives from both the mental health field and the jail. Follow-up technical assistance is offered to qualified jurisdictions.

Issues forum. An issues forum took place November 9-10, 1994, in San Francisco, California. Participating were local teams including jail administrators from small, medium, and large jails and mental health providers. During two work group sessions, participants addressed important questions such as:

- What is the basic mental health service package needed in the jail?
- What does linkage to community-based services really mean?
- Who are the players in my community from whom I need a buy-in, and how do I get it?
- How can we respond to the special needs of women detainees?

Newsletter on mental health. A quarterly mental health newsletter is being developed, to include articles written by both corrections and mental health practitioners. Newsletter contributions may include case studies, innovative programs, and announcements of upcoming workshops and conferences.

Technical assistance. NIC will offer two types of technical assistance to jurisdictions that are interested in improving their mental health services.

- ***Site visit technical assistance*** will enable jurisdictional teams of mental health and correctional administrators to visit other facilitics with strong mental health services.
- ***On-site technical assistance*** will make it possible for a qualified consultant to travel to a jurisdiction to provide assistance with a specific aspect of its mental health program.

Each of these initiatives promotes the idea that mental health agencies and jails need to work together in partnership to address the needs of incarcerated individuals. Through this collaborative NIC/CMHS effort, mental health practitioners will be introduced to issues surrounding the operation of a jail. At the same time, jail staff will have the opportunity to learn how to respond to incarcerated individuals who are mentally ill. The project will assist jails in developing and implementing approaches that are consistent with the appropriate role for the jail in the community.

For additional information, contact Linda Wood, Correctional Program Specialist, NIC Jails Division, 1960 Industrial Circle, Longmont, Colorado, 80501; (800) 995-6429. ■

Recommended Reading

A Communications Audit: Promoting Public Understanding of Corrections. **Stucker, John J., Camp, George M., and Smith Gretchen M. National Institute of Corrections (Washington, DC). 1993. 75 p.**
Examining issues related to correctional agencies' communication needs, this report serves as an aid for developing strategies and methods to improve the quality and impact of communications activities. This monograph documents and describes an audit process undertakcn in three state departments of corrections as they sought to develop more effective communications plans. States involved were Alabama, California, and Rhode Island.

Correctional Technology: A User's Guide. **Kichen, Carol Cole, Murphy, James, and Levinson, Robert B. National Institute of Corrections (Washington, DC). 1993. 278 p.**
Intended to provide corrections administrators with a non-biased, objective source for evaluating correctional technologies, this guide presents data in seven chapters: 1) perimetcr security; 2) locks and locking systems; 3) internal detection systems; 4) monitoring and surveillance systems; 5) fire safety systems; 6) communications systems; and 7) management information systems. Each chapter includes an abstract, table of contents, executive summary, and sections containing sample characteristics, survey findings, conclusions and issues, and questionnaire data.

Jail Design and Operation and The Constitution: An Overview. **Collins, William C. Prepared for the National Institute of Corrections Jails Division (Longmont, CO). 1994. 67 p.**
This paper reviews the history of correctional law and summarizes the requirements for jail design, construction, and operations as defined by the Constitution and enforced by the courts. Topics covered include facility design, religion, searches, use of force, medical care, disabled inmates, conditions of confinement, consent decrees, and due process. Summaries of significant correctional law cases are provided in a final section.

The Jail Project Funding Campaign, Bond Issue/Tax Vote, etc.: An Overview of Some issues and Ideas. **Bowker, Gary M., Rounds, Bruce R., and Kimme, Dennis A. 1994.**
This publication offers guidance in developing a public education campaign for bond issues to support a jail project. It emphasizes the reasons for building public support and lays out steps in doing so. Issues addressed include the need for leadership, citizen advisory boards, the importance of unity and a clear message, project timing, costs, and public information strategies.

New Approaches to Staff Safety. **Thornton, Robert L. and Shireman, John H. National Institute of Corrections (Washington, DC).** 1993. 73 **p.**
Although originally developed for community corrections agencies, this document contains valuable information for jails as well. It helps agencies identify training needs relating to officer safety, and also addresses legal issues in safety training, research on effective techniques, and resources useful for training in specific topics. The publication is intended to provide information that will enable an agency to become an "educated consumer" and to evaluate the quality of training programs offered or develop a training package.

Single copies of these documents may be requested by contacting the NIC Information Center at (800) 877-1461 or sending your request to 1860 Industrial Circle, Suite A, Longmont, Colorado, 80501.

Privatization of American Corrections: A Selected Bibliography **([Updated ed.]) Thomas, Charles W., Logan, Charles H. University of Florida Center for Studies in Criminology and Law. Private Corrections Project (Gainesville, F). 1994. 13 p.**
This guide lists current resources that cover topics related to the privatization of corrections functions.

The Transformation of Correctional Privatization from a Novel Experiment in to a Proven Alternative. **Thomas, Charles W. 1994. 26 p.**
This analysis examines the privatization debate, specifically focusing on the issues of cost savings and quality of correctional services. In addressing critical policy questions, the analysis provides an overview of the history of privatization, information on legal authority to contract for services, and growth trends in contracting. Tables present an overview of American jurisdictions' legal authority to contract for services and a summary of the status of private corrections management firms as of June 30, 1994.

Tuberculosis in Correctional Facilities. **Hammett, Theodore M. and Harrold, Lynne. National Institute of Justice (Washington, DC); Centers for Disease Control and Prevention (Atlanta, GA). 1994.**
This report presents the findings of a 1992 NIJ-sponsored survey. Although NIJ has been sponsoring national surveys on HIV/AIDS in correctional facilities since 1985, this was the first survey that also included extensive questions on tuberculosis issues. The Centers for Disease Control and Prevention has issued guidelines for correctional policies to address tuberculosis, and one objective of the survey was to assess the extent to which correctional systems were following these guidelines. The publication describes the dimensions of the TB problem in correctional facilities and identifies current practices in diagnosis, housing, and treatment of those with tuberculosis. ■